Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

| A This return/report is for: | Part I Ann | ual Report Id | dentification Information | 1 | | | | | | | | |
|---|---|---|-------------------------------------|------------------------|--|--|--|--|------------------------------------|--|--|--|
| A This return/report is for: a one-participant plan a foreign plan a short plan year return/report (less than 12 months) C Check box if filling under: | For calendar plan | year 2018 or fisc | al plan year beginning 01/01/2 | 2018 | | and ending 12 | 2/31/20 | 018 | | | | |
| B This return/report is | A distribution of plant | | | | | | | | | | | |
| me tinst return/report me tinst return/report me tinst return/report me tinst return/report me tinst return/report (less than 12 months) | | | a one-participant plan | | | , | | | , | | | |
| C Check box if filing under: | B This return/repo | This return/report is the first return/report the final return/report | | | | | | | | | | |
| Special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number (PN) 002 1c Effective date of plan 01/01/1995 002 2a Plan sponsor's name (employer, if for a single-employer plan) 002 2a Plan sponsor's name (employer, if for a single-employer plan) 002 01/01/1995 2b Employer Identification Number (EIN) 16-1462:160 2c Sponsor's telephone number 988-572-1540 2d Business code (see instructions) 02 02 03/01/1995 2d Business code (see instructions) 02 03/01/1995 2d Business code (see instructions) 03/01/1995 3d Administrator's telephone number 04/01/1995 3d Administrator's telephone number 04/01/1995 4d PN | | | an amended return/report | a s | short plan year return | rn/report (less than 12 months) | | | | | | |
| Part II Basic Plan Information—enter all requested information 1a Name of plan WILBERTS INC.401(K) PLAN 1b Three-digit plan number (PN) 002 1c Effective date of plan (PN) 004 000 | C Check box if fil | ing under: | Form 5558 | au | utomatic extension | DFVC program | | | | | | |
| Table Three-dight plan Three-dight plan number CPN Paragraphic | | | special extension (enter desc | ription) | | | | | | | | |
| Table Three-dight plan Three-dight plan number CPN Paragraphic | Part II Bas | ic Plan Infor | mation—enter all requested in | formation | on | | | | | | | |
| Plan number (PN) | | | , | | | | 1b | Three-digit | | | | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or fown, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) WILBERTS INC. 2c Sponsor's telephone number 585-872-1540 2d Business code (see instructions) 1272 SALT RD STE 1 WEBSTER, NY 14580 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 685-872-1540 3c Administrator's telephone number 685-872-1540 3d Administrator's telephone number 785-872-1540 3d Administrator's telephone number 685-872-1540 3d Plan administrator's name and address Same as Plan Sponsor. 4b EIN 4d PN 4d PN 5a Sponsor's name c Plan Name 5a Sponsor's name c Plan Name 5a 106 5 Total number of participants at the beginning of the plan year 5 Total number of participants at the beginning of the plan year 6 Number of participants with account balances as of the end of the plan year 4d(2) Total number of active participants at the beginning of the plan year 6 Number of participants with account balances as of the end of the plan year 6 Number of participants with erminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Caution: A penalty for the late or incomplete filing of this return/report version of this return/report, including, if applicable, a Schedule Blook of the plan administrator 8 Enter name of individual signing as plan administrator | | 1(K) PLAN | | | | | | plan number | 002 | | | |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt, suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2c Sponsor's telephone number 585-872-1540 2d Business code (see instructions) 423100 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 585-872-1540 3c Administrator's telephone number 3d Plan Name 3d Pl | | | | | | | 1c | ` ' | f plan | | | |
| Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 20 Sponsor's telephone number 585-872-1540 2d Business code (see instructions) 423100 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year b Total number of participants at the head of the plan year c Number of participants with account balances as of the end of the plan year 6d(1) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of active participants at the beginning of the plan year 6d(2) Total number of participants with account balances as of the end of the plan year 6d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 6d(2) Total number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Clunder penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, and to the best of my knowledge and telled it is true. correct, and complete. Signature of plan administrator Date Enter name of individual signing as plan administrator | | | | | | | | 01/01 | 1/1995 | | | |
| City of town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) 2C Sponsor's telephone number \$858-872-1540 2d Business code (see instructions) 423100 3a Plan administrator's name and address Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number this plan, enter the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 3 Sponsor's telephone number 4 Definition of the plan sponsor's EIN 3c Administrator's EIN 3c Administrator's telephone number 4 Definition of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Definition of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Definition of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Definition of the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. 4 Definition of plan number of participants at the beginning of the plan year. 5 Definition of participants at the end of the plan year. 5 Definition of participants with account balances as of the end of the plan year (only defined contribution plans of participants with account balances as of the end of the plan year. 5 Definition of active participants at the beginning of the plan year with account balances and the plan year with account balances and of the plan year with account balances and the plan year with account balances and the plan year with account balances and plant begin balances. 5 Definition of active participants at the end of the plan year with account belief that were less than 100% we | | | | D. Box) | | | | | | | | |
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| 3a Plan administrator's name and address ⊠ Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number 4b EIN 4d PN 4d PN 5a Total number of participants at the beginning of the plan year 5 Total number of participants at the end of the plan year 6c Number of participants at the beginning of the plan year 7c Number of participants at the beginning of the plan year 8d (2) Total number of active participants at the beginning of the plan year 9d (2) Total number of active participants at the beginning of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Total number of active participants at the beginning of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Total number of active participants at the beginning of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Total number of active participants at the end of the plan year 9d (2) Ed (2) | WILBERTS INC. | | | | | | · | | | | | |
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| a Sponsor's name c Plan Name 5a Total number of participants at the beginning of the plan year | 4 If the name a | nd/or EIN of the p | plan sponsor or the plan name h | as chan | nged since the last re | eturn/report filed for | 4b | EIN | | | | |
| Total number of participants at the beginning of the plan year | this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report. | | | | e last return/report. | 44 50 | | | | | | |
| 5a Total number of participants at the beginning of the plan year | · | | | | | 40 PN | | | | | | |
| b Total number of participants at the end of the plan year | C Flair Name | | | | | | | | | | | |
| C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item). d(1) Total number of active participants at the beginning of the plan year | 5a Total number | of participants a | t the beginning of the plan year. | | | | 5 | а | 92 | | | |
| d(1) Total number of active participants at the beginning of the plan year | | | | 51 | o | 108 | | | | | | |
| d(2) Total number of active participants at the end of the plan year | | | | | 50 | | 106 | | | | | |
| Provided the second straight of the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator | d(1) Total number of active participants at the beginning of the plan year | | | 5d(| (1) | 59 | | | | | | |
| Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Enter name of individual signing as plan administrator | d(2) Total number of active participants at the end of the plan year | | | 5d(| (2) | 64 | | | | | | |
| Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE Filed with authorized/valid electronic signature. Date Date Enter name of individual signing as plan administrator | | | | 50 | • | 3 | | | | | | |
| SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN Filed with authorized/valid electronic signature. Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | | | | | | | | | | | | |
| SIGN HERE Filed with authorized/valid electronic signature. O6/20/2019 JOSH KUHN Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE | SB or Schedule M | B completed and | d signed by an enrolled actuary, a | ctions, I as well a | I declare that I have as the electronic vers | examined this return/re sion of this return/repor | port, ir t, and | ncluding, if applic to the best of my | cable, a Schedule knowledge and | | | |
| Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERF | SIGN Filed | | | | | JOSH KUHN | | | | | | |
| HERE | HERE Signa | ature of plan adı | ministrator | | Date | Enter name of individ | me of individual signing as plan admi | | | | | |
| HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor | | | | | | | | | | | | |
| | HERÉ Signa | ature of employe | er/plan sponsor | | Date | Enter name of individ | ual sig | ning as employe | er or plan sponsor | | | |

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| | Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | | | | | | X | es No | |
|----------|--|------------|--------------------------|----------|---------|---------|---------------|-------------|--------------|
| b | Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | | X Y | es No |
| | If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | | | | | | | | ш |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance p | orogram (see ERISA se | ection 4 | 021)? | | Yes N | o Not c | letermined |
| | If "Yes" is checked, enter the My PAA confirmation number from the | e PBGC p | remium filing for this p | lan yea | r | | | (See ins | structions.) |
| Pa | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | of Year | | | (b) E | nd of Year | |
| а | Total plan assets | 7a | 374 | 47194 | | | | 388875 | 57 |
| b | Total plan liabilities | 7b | | | | | | | |
| <u> </u> | Net plan assets (subtract line 7b from line 7a) | 7c | 374 | 47194 | | | | 388875 | 57 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | ıt | | | (b |) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 11 | 80174 | | | | | |
| | (2) Participants | 8a(2) | | 38723 | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | 5040 | | | | | |
| b | Other income (loss) | 8b | -22 | 29092 | | | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | 194845 | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | ; | 30236 | | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | 9342 | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | 13704 | | | | | |
| g | Other expenses | 8g | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | 5328 | 32 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | 14156 | 33 |
| <u>j</u> | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2S 2T 3D 3H | | | | | | | | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | les from the List of Pla | n Chara | acteris | tic Cod | des in the in | structions: | |
| Par | t V Compliance Questions | | | | | • | | | |
| 10 | During the plan year: | | | | Yes | No | | Amount | |
| а | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) | oluntary F | iduciary Correction | 10a | | X | | | |
| b | b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions | | | 10b | | Х | | | |
| С | C Was the plan covered by a fidelity bond? | | | 10c | X | | | 3 | 75000 |
| d | d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | | 10d | | X | | | |
| е | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) | | 10e | | X | | | | |
| f | f Has the plan failed to provide any benefit when due under the plan? | | | | L | X | | | |
| | g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | | | 10g | X | | | | 90746 |
| h | 2520.101-3.) | ` | | 10h | | X | | | |
| i | If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 | | | 10i | | | | | |

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| | |

| Part | VI Pension Funding Compliance | | | |
|--------|--|-----------------|-----|---------------------------|
| 11 | Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below) | | | Yes No |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA? | | f | Yes X No |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | | | |
| а | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver | and enter Da | | of the letter ruling Year |
| lf y | you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | |
| b | Enter the minimum required contribution for this plan year | 12b | | |
| С | Enter the amount contributed by the employer to the plan for this plan year | 12c | | |
| d | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | | |
| е | Will the minimum funding amount reported on line 12d be met by the funding deadline? | | Yes | No N/A |
| Part ' | VII Plan Terminations and Transfers of Assets | | | |
| 13a | Has a resolution to terminate the plan been adopted in any plan year? | | Yes | s X No |
| | If "Yes," enter the amount of any plan assets that reverted to the employer this year | 13a | | |
| b | Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC? | he | | Yes X No |
| С | If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.) | n(s) to | | |
| 1 | 3c(1) Name of plan(s): | (2) EIN(s) | | 13c(3) PN(s) |
| | | | | |